

Sample Personnel File

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

Telephone Numbers:

Work: _____ Home: _____ Cell: _____

E-mail Address: _____

Employer Name: _____

Address: _____ City: _____ Zip: _____

SSN: (Optional) _____ Driver's License #: (Optional) _____

Marital Status: Married ☐ Single ☐ Spouse's Name: _____

Dependents:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Date Joined Dept.: _____ **Date Terminated:** _____

Reason for Termination: _____

Awards Received:

Title: _____ Date: _____

Title: _____ Date: _____

Title: _____ Date: _____

Title: _____ Date: _____

Title: _____ Date: _____

Equipment Issued

Item	Serial # or Size	Date Issued	Date Returned

Offices Held

Title	Dates	Remarks	By

Model Health Information

Allergies: _____

Immunizations:	Type	Date
	Hepatitis	_____
	Flu	_____
	Pneumonia	_____
	Tetanus	_____
	Tuberculosis	_____

Family Physician Name: _____

Any other health concerns: _____

